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NAME OF COMMITTEE (in full)	TYPE OR PRINT ▼	Example: If typing, typ over the lines.	e 12FE4M5	
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ADDRESS (number and street)		<u>. </u>	·! + ! ·:!	'
Check if different than previously reported. (ACC)	Oakland		1 (a) 946	071-
2. FEC IDENTIFICATION	NUMBER ▼	CITY A	STATE	ZIP CODE A
c 0.0.5.3.4.	529	B. IS THIS NEW (N)	OR AMENDED	
4. TYPE OF REPORT (Choose One) (a) Quarterly Reparts: April 15 Quarterly Report Quarterly Report October 15 Quarterly Report January 31 Year-End Report July 31 Mid-Yea Report (Non-eler Year Only) (MY) Termination Rep (TER)	t (Q2) Report for the transfer of tra	lection on General (30G)	(M6) Sep 20 (M9) (M7) Oct 20 (M10) General (12G) Special (12S)	Nov 20 (M11) (Non-Election Year Only) Dec 20 (M12) (Non-Election Year Only) Jan 31 (YE) Runoff (12R) in the State of Special (30S) in the State of
5. Covering Period	27 67 20	<u></u>	06 30 20	
I certify that I have examined Type or Print Name of Treason	TO- COL	st of my knowledge and belief in	t is true, correct and comple	te
Signature of Treasurer	poff Cit	Hasten_	Date 27 3	7 2673
NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.				
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